



2017-2018 Curvy Elite Registration

Name: _____ DOB: _____

Cell: _____ Email: _____

Address: _____ City/State/Zip: _____

Shoe Size: _____ Shirt Size: _____ Shorts Size: _____

List all previous dance experience:

What are your greatest strengths and skills as a dancer and would you contribute to the team?

Why are you interested in becoming a Curvy Elite?

What other clubs, sports, or extracurricular activities do you participate in?

Work Schedule (please be specific):

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Note: _____

Please list any personal web pages you have (include screen name if applicable):

Facebook: _____
Twitter: _____
Instagram: _____
Linked In: _____

Please list any allergies: _____

Please list any medications: _____

Please list any injuries or physical limitations: _____

Liability Waiver

By signing this agreement, I _____ confirm that I am medically and physically okay to participate in all tryout activities such as, but not limited to, jumping, leaping, stretching, cardio, and endurance training. Any allergies or limitations are fully disclosed above. I release all liability of injury during the tryout process and take responsibility of my own health and wellness for such activities.

Signed: _____ Date: _____

Printed Name: _____